

SECRET

AB MEMO 7002
12 August 1964

MEMORANDUM FOR : Chief, WH/SA

ATTENTION : Mr. W.M. Kerbe, & Mr. B. Hidalgo

SUBJECT : (Ecuadorean) Documentation for AMMUG-1, AB Case 4983

REFERENCE : A. WH/SA Memo 64-620, 3 Aug 64
B. WH/SA Memo, 10 Aug 64

1. As requested in reference, attached are the following documents prepared by TSD for use by AMMUG-1:

- a. (Ecuadorean) passport No. (19406) in the name of (Ernesto Jesus GARCIA Guzman) showing issuance in (Guayaquil, Ecuador 7 February 1963.)
- b. (Ecuadorean) Vaccination Certificate No. (4814) issued in (Guayaquil, Ecuador 29 November 1962.)

2. The (Ecuadorean) passport is valid to 7 February 1965.

3. It is understood that subject has actually received a smallpox vaccination on a date not earlier than that shown on the above vaccination certificate.

4. The Office of Security has confirmed that subject has legal status for being in the United States. It is understood that your office will inform the (Alien Affairs) Office of subjects departure date and personalia for information of I&NS.

5. On completion of the current operational mission, the above documents should be returned to TSD for inspection and maintenance.

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6. Attached are an itinerary and cover notes accounting for the bearer's acquisition and use of the above documents.

7. Please sign and return one copy of the authentication receipt which is also attached.

03
(C. J. Treciokas)
ALBIN R. TRECIOKAS
CHIEF/TSD/AB

Attachment: 1 encl.
As Stated

Distribution:
Orig & 1 - Addressee

470

SECRET

*Passport TSD
Nov 64*

Attachment to
AB MEMO 7002
12 August 1964

TO: C/WH/SA
(Mr. W.M. Kerbe & Mr. B. Hidalgo)

FROM: TSD/AB/4

IDENTITY DOCUMENTS ENCLOSED

DO NOT STAPLE envelope
except at 1" strip at top

DO NOT TIE OR STAPLE

SENDER: Staple off 1" strip at top of envelope for fastening to correspondence

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COVER NOTES

1. Ernest Jesus GARCIA Guzman, the bearer of Ecuadorian Passport No. 19406, was born in Guayaquil, Ecuador on 6 February 1937. He is a writer by profession. His home address in [redacted] is [redacted].
2. He secured his present passport, in Guayaquil, Ecuador on 7 February 1963, for a trip to the United States. He was traveling at that time for pleasure and was also collecting material for a series of articles.
3. He had been issued a vaccination certificate on 29 November 1962 for previous travel on an earlier passport and continued to use the same vaccination certificate since it was valid to November 1965.
4. He is now traveling as a tourist to the United States and to Spain. While he is traveling primarily for pleasure, he intends to collect some material for his writing.

8/PV
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APPROVED FOR
APPROVED FOR RELEASE 1994
CIA HISTORICAL REVIEW PROGRAM

[Handwritten signature]

SECRET

INTERNATIONAL VACCINATION CERTIFICATE

This is a formal International Certificate signed and sealed by a health officer
attesting to the actual status of the subject's immunization record. It is
provided for the use of the physician and health officer in the maligant vaccination
and is based on the fact of the actual immunization of the subject. It is
the only indicator of Yellow fever status to be given by private physicians,
nurses, or only by public health personnel. The signature and initials
used for this entry are appropriate for the place where the immunization would
have been given. It is not to be used for the purpose of a health certificate.
If there is no yellow fever immunization
entered, the private physician could transmit the certificate to the public
health office for certification.

The certificate must be signed in ALIAS code for each immunization
entry.

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Group 1
Excluded from automatic
downgrading and
declassification

SECRET

RECEIPT FOR AUTHENTICATION MATERIALS

TO: TSD/IB

CASE 4962

DATE 18 August 1964

I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING AUTHENTICATION MATERIALS
TRANSMITTED WITH MEMO NO. 7014 DATED 18 August 1964 AND PREPARED IN
ACCORDANCE WITH WH/SA 64-619, 3 August 1964

(Hector Paul ANDRADE Olivares)

11
(Puerto Rican) Birth Certificate
International Vaccination Certificate

07

OFFICER'S SIGNATURE

NOTE: Authentication Materials must be returned to TSD/IB as soon as the intended operational use has been fulfilled; unused documents, whether filed in or blank, must be returned to TSD/IB when no longer needed.

TSD/IB should be notified if any of the Authentication Materials are destroyed, lost, or for any other reason can no longer be returned.

D-061

SECRET

2/17/

GOVERNMENT OF PUERTO RICO
DEPARTAMENTO DE SALUD
Neg. Estado de Salud - Dem. Reg.

GOVERNMENT OF PUERTO RICO
DEPARTMENT OF HEALTH
Bureau of Demographic Registry

CERTIFICADO DE ACTA DE NACIMIENTO

(Certificate of Birth Record)

On this day of the month of the year 1976, I, the undersigned, being duly sworn, depose and say that the following birth record is true and correct:

NAME: 76 1976 San Juan, Puerto Rico

DATE OF BIRTH: 23 February 1976 San Juan, Puerto Rico

PLACE OF BIRTH: San Juan, Puerto Rico

NAME OF FATHER: San Juan, Puerto Rico

NAME OF MOTHER: San Juan, Puerto Rico

NAME OF CHILD: San Juan, Puerto Rico

NAME OF CHILD: San Juan, Puerto Rico

NAME OF CHILD: San Juan, Puerto Rico

NAME OF CHILD: San Juan, Puerto Rico

NAME OF CHILD: San Juan, Puerto Rico

NAME OF CHILD: San Juan, Puerto Rico

NAME OF CHILD: San Juan, Puerto Rico

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NAME OF CHILD: San Juan, Puerto Rico

ESTADO LIBRE ASOCIADO DE PUERTO RICO
DEPARTAMENTO DE SALUD
Negociado de Registro Demográfico

GOVERNMENT OF PUERTO RICO
DEPARTMENT OF HEALTH
Bureau of Demographic Registry

CERTIFICADO DE ACTA DE NACIMIENTO
Certificate of Birth Registration

Indique en la Sección de Nacimientos del Registro
aparece la siguiente inscripción:

Indicate in the Section of Births of the Registry
the following inscription with a register:

76	Fecha de nacimiento Date of birth	12-21	Lugar de nacimiento Place of birth	Santurce, Puerto Rico
	Febrero	1937	Febrero	1937
Nombre Name	Hector Raul Andrade Olivares			X
Padre Father	Héctor Andrade Díaz			Santurce, Puerto Rico
La Madre Mother	Juana Olivares Flores			San Juan, Puerto Rico

DATOS SOBRE EL SORBITANUS
Information on Address

Hector Raul Andrade Olivares
Carolina 1754 Pda. 25-Santurce, Puerto Rico

Indique una vez más la inscripción Indicate once again the inscription
la inscripción the inscription

ADVERTENCIA Este documento es una copia de la inscripción original y no tiene validez legal si no es autógrafo. This document is a copy of the original inscription and has no legal validity if it is not a signature.	NOTA Este documento es una copia de la inscripción original y no tiene validez legal si no es autógrafo. This document is a copy of the original inscription and has no legal validity if it is not a signature.
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ESTE CERTIFICADO NO SERA VALIDO SI EN EL MEMO APARECEN TACHAS, RASGOS, BORRADOS O ALTERACIONES

11-4-33	San Juan
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INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA VARIOLE

This is to certify that
 Je certifie par le présent que Dr. Raul A. OLIVEIRA MD
 whose signature follows
 dont la signature suit Age 40
 date of birth 1-10-1937
 has been vaccinated or revaccinated against smallpox
 a été vacciné ou revacciné contre la variole

Signature of the person vaccinated or revaccinated
 Signature du vacciné ou revacciné
 Signature of the vaccinator or revaccinator
 Signature du vaccinateur ou revaccinateur
 Date of vaccination or revaccination
 Date de la vaccination ou de la revaccination

Signature of the health officer or other authorized official
 Signature du fonctionnaire de santé ou d'un autre fonctionnaire autorisé
 Date of issuance of this certificate
 Date de la délivrance de ce certificat

Signature of the person vaccinated or revaccinated
 Signature du vacciné ou revacciné
 Signature of the vaccinator or revaccinator
 Signature du vaccinateur ou revaccinateur
 Date of vaccination or revaccination
 Date de la vaccination ou de la revaccination

THE VALIDITY OF THIS CERTIFICATE shall extend for a period of 10 years beginning from the date of its issuance, in the event of a revaccination, on the date of that revaccination.
 LA VALIDITÉ DE CE CERTIFICAT s'étendra pour une période de dix ans à compter de la date de sa délivrance, en cas de revaccination, à la date de cette revaccination.
 In the United States, the stamp is that of the local or State health department of the area in which the immunizing physician practices, the Department of Defense, a Federal agency, or a Federal vaccination center, the seal of the United States or the seal of the State (in the latter service).
 Any amendment of this certificate is invalid, in whole or in part, if it may render it invalid.

Si le vacciné est un militaire, le certificat doit être signé par le médecin de l'armée.
 Si le vacciné est un membre du personnel de la Défense, le certificat doit être signé par le médecin de la Défense.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

This is to certify that
 Je certifie par le présent que Dr. Raul A. OLIVEIRA MD
 whose signature follows
 dont la signature suit Age 40
 date of birth 1-10-1937
 has on the date indicated been vaccinated or revaccinated against yellow fever
 a été vacciné ou revacciné contre la fièvre jaune à la date indiquée

Signature of the person vaccinated or revaccinated
 Signature du vacciné ou revacciné
 Signature of the vaccinator or revaccinator
 Signature du vaccinateur ou revaccinateur
 Date of vaccination or revaccination
 Date de la vaccination ou de la revaccination